Southwest Long Term Care Connection



www.MILongTermCare.org 1-866-642-4582

A Transition Case by Single Point of Entry Program Saving Michigan Money and Providing Options to Consumers. Potential savings to Medicaid \$62,884.00 for one year not residing in NF

For many consumers, Southwest Michigan Long-Term Care Connections remains a major source of information and assistance long after their transition home is complete. The relationship of Harold, a consumer who moved home from a nursing facility in May 2008, and his Options Counselor, Megan Hanley, demonstrates the benefits of this continued contact.

Harold moved into a nursing facility with his wife in early 2007. When she passed away in the summer of 2007, Harold began focusing on the rehabilitative therapies he knew he needed to return home. In addition, he began working with Megan to arrange for chore services and personal care assistance. Megan also helped him navigate his medical and prescription drug coverage options, as well as prepare his home for his return.

Harold has been home for almost a year now, and says that he often calls Megan with questions. He also explained that she calls him regularly to see if his situation has changed.

"I would call just to touch base," said Megan. "He would call me when he had a need or when he got something in the mail and he didn't know what to do. Sometimes if he called me to ask me a question, I would tell him who I thought would be the appropriate person to answer it."

"She helps me out enormously," said Harold.

Megan explained that she is also in touch with Harold's care manager at the Area Agency on Aging in order to better coordinate Harold's services.

"I was trying to keep everyone informed, just identifying the issues and talking to the correct people," said Megan.

Over the course of the year, Megan has informed Harold of his options in regards to several issues, such as transferring his power of attorney and finding a more affordable health insurance provider.

"I gave him that information; it was awhile for him to decide what to do about it," said Megan.

Harold also decided to reduce his chore services from five days a week to two days, and will soon begin occupational therapy for his arthritis. He said he works hard to maintain as much of his independence as possible, even continuing to drive and complete much of his own yard work.

"I don't want to sit around and do nothing, that's not good," added Harold. "I have to fight."

"He's been doing really well," said Megan. "He's got that independent spirit."

Overall, Megan and Harold agree that Megan's continued contact has made Harold's first year back at home much more manageable.

"Sometimes I found with different people, when they transition, even after their initial needs have been met, they still like to have the contact," Megan said. "You develop a relationship with someone and you like to check in."

System transformation for Long Term Care Reform in Michigan begins with the Single Point of Entry Program. The cornerstone of this program is providing *advocacy*, *unbiased information and assistance and informed choice* about long term care (LTC) options for persons who are elderly and/or disabled.

Benefits of the Single Point of Entry or Long Term Care Connection project are:

- Cost reduction to individuals and the Medicaid system for long term care services.
 - Consumers have chosen services/programs beyond nursing facilities and MI Choice Waiver to meet their LTC needs once they were informed of their options.
 - Persons found ineligible for Medicaid funded services were supported in finding alternative options for LTC needs.
- Consumer survey results show an overwhelmingly high percentage of consumers and their families believe they have more control over their long term care needs, they are better able to navigate through the LTC system, they have more understanding about their insurance/benefits, and they experience increased knowledge and choice about LTC.
- Consumers have greater knowledge about their rights within LTC programs and services.
- Greater numbers of nursing facility residents are able to receive assistance to transition out of institutional care back to their community, creating a potential cost savings in the millions of dollars to the state.
- Michigan receives federal matching funds for the LTCC program.
- SPE staffs are able to work with consumers over the continuum of their care ensuring a reduction of duplication of services and seamless on-going support of the consumer.
- LTCC acts as a gatekeeper to the MI Choice Waiver program and nursing facilities through the Level of Care assessment process. This process leads to transition case finding, awareness of LTC options other than nursing facilities and Waiver for consumers to consider, and informed awareness of Medicaid rights to consumer.
- Management of the Waiver wait list has lead to unbiased assessment for MI Choice Waiver program eligibility, has reduced the time consumers wait for services and provided consistency of MSA policy implementation for those who are eligible for Waiver services.
- The SPE is the link for all LTC system transformation in Michigan including nursing facility diversions, non-Medicaid transition activity, expansion of the Waiver program and affordable housing initiatives.

Michigan's effort to improve long term care and save essential Medicaid funds has been successful through the SPE project. Without the continuation of effort by the Long Term Care Connection Michigan will experience immediate cost increases and revert to a LTC system that was fragmented and in disrepair. The Long Term Care Connection is the only agency capable through its design to provide unbiased information and assistance and advocacy across the continuum of long term care.

How the Single Point of Entry Program Helped Consumers Live in the Community

"Emma's" living arrangement preference was the nursing home where she resided; however, when a Level of Care Determination was done in the summer of 2008 by a *Southwest Michigan Long Term Care Connection* Options Counselor, she did not meet eligibility for Medicaid to pay for her stay. "Emma's" second preference was to move back to the apartment building where she had resided for 18 years. "Emma" successfully transitioned to this subsidized apartment, and has lived there for the past seven months, during which time her Options Counselor maintained contact. Throughout the 17 contacts with "Emma", the Options Counselor provided options and assisted with meeting identified needs or made follow up phone calls. Options discussed and explored included insurances for premium payment and copayments, homemaker and chore services, assistance with financial management, companionship, borrowing equipment for a temporary physical need, and medication set up options. A planning Level of Care was completed twice over the time period, and both times Emma did not meet criteria.

Potential savings to Medicaid through Nursing Facility Transition \$33,180.00

Update to the Story: Opportunity and Savings Lost

A follow up phone call with Emma's friend and durable power of attorney occurred less than one week after the SPE was eliminated. When the Emma's friend learned the SPE would no longer be completing Level of Care Determinations for nursing facilities she asked "Does this mean Emma will be able to move into the nursing facility now?"

Despite Emma successfully living within the community for seven months without the need for financial assistance by the state of Michigan, her durable power of attorney has started making plans for her to return to the nursing facility. Without an unbiased completion of the functional needs of consumers these situations will continue to occur denying consumers the ability to remain in the community and cost the state untold millions of dollars.

Nursing Facility Transition Activity for Southwest Michigan Long Term Care Connection

A nursing facility transition is a service in which a person requests and requires assistance from a professional to return to a community setting.

Cost analysis used the following formula: The average net cost to Medicaid for one day of care within a nursing facility was \$158 in the first quarter of FY 09. The average number of nursing facility days Medicaid pays once an individual enters a nursing facility is 398 days.

FY 08

- SWMLTCC completed 90 transitions from a nursing facility, creating the potential amount of money not paid to nursing facilities as \$5,659,560.
- The number of consumers who were identified by SWMLTCC with a goal to transition from a nursing facility with the assistance of a MI Choice Waiver agency (WA) or Centers for Independent Living (CIL):
 - SWMLTCC referred 17 transition consumers to CIL's for a potential cost saving of \$1,069,028
 - SWMLTCC referred 177 transition consumers to Waiver's for a potential cost savings of \$11,130,468

FY 09:

- During the first 7 months SWMLTCC completed a total of 42 transitions. Net savings YTD is calculated at \$2,641,128.
- Estimating the total number of transitions for all FY 09, trends indicate an annual total of 72 transitions. Projected net savings are calculated at \$4,527,648.
- The number of consumers who were identified by SWMLTCC with a goal to transition with the assistance of a Waiver or CIL:
 - During the first 7 months a total of 19 transition referrals to CIL's were made, creating an average estimate for the year of 32 cases.
 - The total estimated potential cost saving is \$2,012,288
 - During the first 7 months a total of 72 transition referrals to WA's were made, creating an average estimate for the year of 120 cases.
 - The total estimated potential cost saving is \$7,546,080.

Potential savings* in the Southwest Michigan Long Term Care Connection region:

- FY 08 \$17,859,056
- FY 09 \$14,086,016

*does not calculate costs incurred through use of other Non-Medicaid and Medicaid programs utilized in place of NF/WA services or operational cost of SWMLTCC program